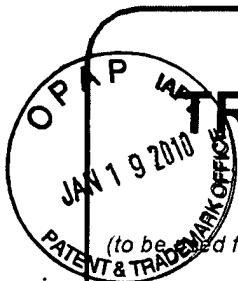


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|--|-----------------------|
| Application Number | 10/580,985 |
| Filing Date | October 5, 2006 |
| First Named Inventor | Nathan Arthur Tranter |
| Group Art Unit | 3637 |
| Examiner Name | Matthew W. Ing |
| Total Number of Pages in This Submission | 15 |
| Attorney Docket Number | 42-000600US |

| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> PTO-1449 Form | <input type="checkbox"/> Interview Summary |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Cited References | <input type="checkbox"/> Request for Continued Examination (RCE) |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Copy of PCT Search Report | <input type="checkbox"/> Request for Corrected Filing receipt |
| <input checked="" type="checkbox"/> Amendment and Request for Reconsideration | <input type="checkbox"/> Copy of EP Search Report | <input type="checkbox"/> Copy of Filing Receipt – marked up |
| <input type="checkbox"/> Affidavits/declaration(s) | <input checked="" type="checkbox"/> Replacement Sheet-Figure 3 | <input type="checkbox"/> Replacement Application Data Entry Form |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input checked="" type="checkbox"/> Receipt Acknowledgement Postcard | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Small Entity Statement | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed. | | |
| <input type="checkbox"/> Remarks | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Brian E. Dave, Reg. No. 61,197, Quine Intellectual Property Law Group, P.C. | |
| Signature | | |
| Date | January 14, 2010 | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|------------------|------|------------------|
| Typed or printed name | Deborah Barragan | | |
| Signature | | Date | January 14, 2010 |